

ISSUE SLIP STAPLE AREA (for additional cross references)

09/811,838

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		03/12/01
O.I.P.E. CLASSIFIER		10	4-18-01
FORMALITY REVIEW	N	588	10-4-01
RESPONSE FORMALITY REVIEW	N	588	5-16-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	6/07/01
2	✓	✓	5/27/01
3	✓	✓	5/27/01
4	✓	✓	5/27/01
5	✓	✓	5/27/01
6	✓	✓	5/27/01
7	✓	✓	5/27/01
8	✓	✓	5/27/01
9	✓	✓	5/27/01
10	✓	✓	5/27/01
11	✓	✓	5/27/01
12	✓	✓	5/27/01
13	✓	✓	5/27/01
14	✓	✓	5/27/01
15	✓	✓	5/27/01
16	✓	✓	5/27/01
17	✓	✓	5/27/01
18	✓	✓	5/27/01
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28	✓	✓	5/27/01
29	✓	✓	5/27/01
30	✓	✓	5/27/01
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46	✓	✓	5/27/01
47	✓	✓	5/27/01
48	✓	✓	5/27/01
49	✓	✓	5/27/01
50	✓	✓	5/27/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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(LEFT INSIDE)

10/1/01
10/1/01
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